## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003100

Entity Name: JOHN I. SMITH FOUNDATION, INC.

FILED Mar 21, 2005 Secretary of State

1300 NW 167TH STREET SUITE 1

MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

1300 NW 167TH STREET SUITE 1 MIAMI, FL 33169

FEI Number: 65-0677200 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUSON, R. TERRY
1300 NW 167TH STREET
SUITE 1
MIAMI, FL 33169 US

RANSFORD, JOEL M
1300 NW 167TH STREET
SUITE 1
MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOEL M. RANSFORD 03/21/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CUSON, R. TERRY
 Name:
 RANSFORD, JOEL M

 Address:
 18350 N.W. 2ND AVE., #600
 Address:
 1300 NW 167TH STREET, SUITE 1

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROMANIK, TOM
 Name:

 Address:
 17601 N.W. 2ND AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCCARTNEY, SAMUEL
 Name:

 Address:
 3037 PERIWINKLE CIRCLE
 Address:

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 LINDGREN, KEITH
 Name:

 Address:
 105 N.E. 183 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33179
 City-St-Zip:

Name: RANSFORD, JOEL M Name: KOTZEN, MATTHEW C

Address: 3530 MYSTIC POINTE DR. PH 5 Address: 1300 NW 167TH STREET, SUITE 1

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL M. RANSFORD PD 03/21/2005